(a) whether the Committee set up by the Insurance Regulatory Department Authority to look into the functions of the third party administration has suggested setting up of a Health Council;

(b) if so, whether the Committee has suggested that the Council be a self regulatory body of third party administration with members from stakeholders;

(c) if so, what are the other points mentioned by the Committee; and

(d) by when these suggestions would be implemented?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Yes. The Committee on Evaluation of Performance of Third Party Administrators [TPAs] set up by the Insurance Regulatory And Development Authority [IRDA] has recommended the setting up of a common industry body, tentatively termed as Health Insurance Development Council.

The common industry body, as recommended by the Committee should have representatives from the insurance industry, TPAs, hospitals and consumers. The body will support the industry's initiatives for standardization across stakeholders, and for updating and mainlining such standard documents and standard "masters". Also, by acting uniformly against fraudulent entities, the body would create deterrents against misuse or fraud in the system. The report of the Committee is available at *http://www.irdaindia.org/TPACommittee30Apr09.pdf.*

Expenses involved in running CGHS

2336. SHRI RAJKUMAR DHOOT:
SHRI RAHUL BAJAJ:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the total cost/employees/year of providing health coverage under CGHS during the last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): Cost Accounts Branch of the Ministry has calculated city wise cost per serving CGHS card holder and pensioner CGHS card holder for the years 2001-02 to 2004-05, which are given in enclosed Statement I and II respectively.

Statement-I

Table showing city-wise and year-wise cost per card holder

Sl. No.	Name of the city	Cost per pensioner card holder			
		2001-02 (Rs.)	2002-03 (Rs.)	2003-04 (Rs.)	2004-05 (Rs.) Provisional
1	2	3	4	5	6
1.	Ahmedabad	5700	6200	6310	6941
2.	Allahabad	4360	4200	4360	4796

1	2	3	4	5	6
3.	Bangalore	1820	1870	2210	2431
4.	Bhopal	17420	2690	2840	3124
5.	Chandigarh	820	5060	3830	4213
6.	Chennai	2970	2710	3510	3861
7.	Delhi	3720	3890	4230	4653
8.	Guwahati	3900	2780	2680	2948
9.	Hyderabad	2640	2990	2700	2970
10.	Jabalpur	2110	1610	2150	2365
11.	Jaipur	2470	2520	2900	3190
12.	Kanpur	3820	3760	3910	4301
13.	Kolkata	2830	2880	3280	3608
14.	Lucknow	3020	3100	3140	3454
15.	Meerut	6040	5920	5040	5544
16.	Mumbai	1680	2020	2390	2629
17.	Nagpur	3800	5090	5080	5588
18.	Patna	3210	3400	3830	4213
19.	Pune	1950	1830	2100	2310
20.	Shillong	—	4980	2210	2431
21.	Trivandrum	5110	4790	4350	4785
22.	Bhubaneshwar	3680	3850	4540	4994
23.	Ranchi	3680	3850	4460	4906

Statement-II

Table showing city-wise and yearwise cost per card per pensioner

Sl.	Name of the city	Cost per serving card holder			No.
		2001-02 (Rs.)	2002-03 (Rs.)	2003-04 (Rs.)	2004-05 (Rs.) Provisional
1	2	3	4	5	6
1.	Ahmedabad	8170	8600	8400	9240
2.	Allahabad	6430	5780	5640	6204

1	2	3	4	5	6
3.	Bangalore	3860	4890	5090	5599
4.	Bhopal	17420	7430	5430	5973
5.	Chandigarh	880	9580	5110	5621
6.	Chennai	6420	6050	6850	7535
7.	Delhi	6200	9540	9200	10120
8.	Guwahati	8780	6880	6360	6996
9.	Hyderabad	16340	10470	11970	13167
10.	Jabalpur	4200	4870	4590	5049
11.	Jaipur	5680	6480	6580	7238
12.	Kanpur	5530	5710	5630	6193
13.	Kolkata	4200	4270	4790	5269
14.	Lucknow	5820	7300	6930	7623
15.	Meerut	7410	8870	7320	8052
16.	Mumbai	3750	4930	5460	6006
17.	Nagpur	5870	7420	7120	7832
18.	Patna	5750	5230	6590	7249
19.	Pune	6390	5060	5180	5698
20.	Shillong	0	8980	5070	5577
21.	Trivandrum	8120	8040	6800	7480
22.	Bhubaneshwar	6160	9500	9510	10461
23.	Ranchi	6160	9500	9430	10373

Population explosion

2337. DR. JANARDHAN WAGHMARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fact that there is population explosion in the country;

(b) whether the National Population Policy-2002 is being implemented seriously taking into consideration that the population problem is co-related with the problems of food security, employment and poverty; and

(c) if so, what steps would be taken to stabilize the population in the country?